

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Vital Records Section

State File No.

Local File No. 81

BIRTH No.

1. PLACE OF DEATH a. COUNTY <u>EATON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY <u>EATON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>VERMONTVILLE</u>	c. LENGTH OF STAY (in this place) <u>11 YRS</u>	c. TOWNSHIP, CITY OR VILLAGE (Name of) <u>VERMONTVILLE</u>	d. Is Residence within limits of a city or incorporated village? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>197 WEST FIRST ST</u>		e. STREET ADDRESS (If rural, give location) <u>197 WEST FIRST STREET</u>	
3. NAME OF DECEASED a. (First) <u>MINNIE</u> (Type or Print)		b. (Middle) <u>BAKER</u>	c. (Last) <u>BAKER</u>
4. DATE OF DEATH <u>FEB</u> (Month) <u>2</u> (Day) <u>1954</u> (Year)	5. SEX <u>FEMALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		
8. DATE OF BIRTH <u>APRIL 9 - 1863</u>	9. AGE (In years last birthday) <u>91</u>	If under 1 Year Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	11. BIRTHPLACE (State or foreign country) <u>ONTARIO, CANADA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>WILLIAM BROWN</u>		14. MOTHER'S MAIDEN NAME <u>(UNKNOWN) MILLS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE <u>MRS. LON BAKER</u>		ADDRESS <u>197 WEST FIRST STREET</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>SENILITY</u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Interval Between Onset and Death <u>24 HRS</u> <u>91 YRS.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>SUICIDE</u> 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u> 21c. (CITY, VILLAGE, OR TOWNSHIP) (COUNTY) (STATE) <u>VERMONTVILLE, MICH.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u> </u>		21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/> 21f. HOW DID INJURY OCCUR? <u> </u>	
22. I hereby certify that I attended the deceased from <u>JUNE 50</u> , to <u>FEB - 2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>FEB 2</u> , 19 <u>54</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. DONALD KELSEY D.O.</u>		23b. ADDRESS <u>VERMONTVILLE, MICH.</u>	
23c. DATE SIGNED <u>FEB - 5 - 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>FEB - 5 - 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN</u>	
24d. LOCATION (City, village, twp., or county) (State) <u>VERMONTVILLE MICH.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>RICHARD L. STANLEY</u>	
DATE REC'D BY LOCAL REG. <u>FEB - 5 - 1954</u>		REGISTERAR'S SIGNATURE <u>J.E. Marcum</u>	
26. ADDRESS <u>266 S. MAIN ST.</u>		27. ADDRESS <u>VERMONTVILLE - MICH.</u>	

TYPE OR PRINT (EXCEPT SIGNATURES) IN BLACK INK—THIS IS A PERMANENT RECORD

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